

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Chest Dr., 3rd Floor, Bethesda, MD 20853, or fax to (301) 763-6712. For information, visit ethics.state.gov; call (202) 783-8773 or (800) 642-6630. No fee is required.
- This form must be submitted within 10 days of any change in your registration. Know or could employer or those you represent, if not terminable within 10 days of any termination of employment or representation.

1. NAME Rome, Laura G.
 Last Laura First G. MI

FOR OFFICE USE ONLY
 Postmark Date JUL 11 2007

EWRP **SCANNED**
 wmi

JUL 9 0 2007

By

3070161

2. NAME
 Last First MI

2. BUSINESS PHONE 225-930-7802

(Area Code) Phone Number

3. FAXPHONE 225-927-0900

4. BUSINESS ADDRESS Suite 400, 9300 W Esplanade Ave, Metairie LA 70002-5906
 Street/Unit No. City State Zip

MAILING ADDRESS Same as above
 Street/Unit No. City State Zip

5. EMPLOYER BellSouth Business Systems, Inc. (parent, AT&T Inc.)

6. EMPLOYER ADDRESS Same as above
 Street/Unit No. City State Zip

7. Have you ceased or terminated lobbying activities requiring registration? Yes Yes No No

8. LIST HERE: (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business entity engaged in; or the purpose or function of the organization or group; (d) whether one or more other entities also pays you to lobby; and (e) the date of termination if applicable.

D. Name AT&T Inc. and its affiliates and subsidiaries

Address Same as above

Business or practice Telecommunications sales and related services and equipment

New Representation
 Does this person pay you? No

If Yes, who pays you? BellSouth Business Systems, Inc.

Terminated Representation of

ETHICS BOARD OF
 GOVERNMENT
 REPRESENTATIVES
 RECEIVED

2007 JAN 11 PM

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2) Name _____
Address _____
Business or purpose _____
 New Representative
Does this person pay you? _____
IPLN, who pays you? _____
 Terminated Representative or of _____

3) Name _____
Address _____
Business or purpose _____
 New Representative
Does this person pay you? _____
IPLN, who pays you? _____
 Terminated Representative or of _____

CERTIFICATION OF ACCURACY

I hereby verify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:91 et seq. has been deliberately omitted.

Laura S' Rome

Signature of Lobbyist